



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re U.S. Patent Application**

**NOZAKI *et al.***

**Application 09/890,929**

**Filed: August 7, 2001**

**For: METHOD AND SYSTEM FOR  
DISPLAYING DENDROGRAM**

**Attorney Docket No. HIRA.0038**

**Art Unit 1631**

**Examiner  
Clow, Lori A.**

**Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	26	26	6 (Over 20)	x \$50	0.00
Independent Claims	5	5	2 (Over 3)	x \$200	0.00
MULTIPLE DEPENDENT CLAIM(S)		4	PAID	+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- [ x ] Response/Preliminary Amendment  
(with Claim Amendments)  
[ ] Substitute Spec. & marked-up copy  
[ ] Preliminary Amendment  
[ ] Other \_\_\_\_\_

- [ x ] Petition for Extension of Time (3 month)  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson w/ sheets of  
replacement drawings

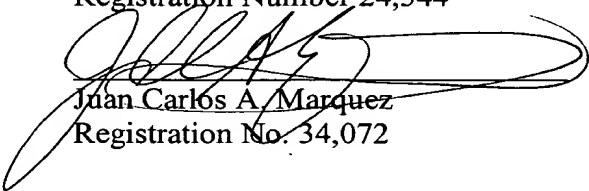


[ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.

- [ x ] Checks in the amount of **\$1,020.00** to cover the 3-month Extension-of-Time fee and are enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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